EXPERIENCE IN THE TREATMENT OF CLOSTRIDIUM DIFFICILE INFECTION

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As first line:

- 15% fidaxomicin
- 41% metronidazole
- 44% Vancomycin

63.4% (26) → fidaxomicin 200 mg /12h (10 days)
22% (6) → 200 mg /12h for longer
14.6% (9) → extended regimen

- 82.9% (34) of fidaxomicin-treated patients had no CDI recurrence at 8 weeks.
- 22% (9) of the patients died.
- 9 fidaxomicin-treated patients were administered bezlotuxumab and none subsequently developed CDI.
- All were older than 65 years and 66.6% (6) were oncology patients.

Conclusion and relevance

The CDI treatment was mostly adjusted to the recommendations therapeutic guidelines, with vancomycin/metronidazole as first-line and fidaxomicin in recurrences. The use of bezlotuxumab was adapted to the considerations of the Therapeutic Positioning Index and was used in patients with higher risk of recurrence.

Although in pivotal studies the recurrence rate with bezlotuxumab was 16.5%, in our study there were no recurrences. In the case of fidaxomicin, the recurrence rate was 17.1%, higher than published studies.

Limitations: small sample size and the impact of the joint use of bezlotuxumab and fidaxomicin has not been measured.